

National Program of Cancer Registries Research and Evaluation Activities

Patterns of Care Study: Prostate, Colon, Breast, and Ovarian Cancers

The Centers for Disease Control and Prevention's (CDC) National Program of Cancer Registries (NPCR) is conducting four studies to compare the quality of treatment and stage data reported to 10 NPCR registries with reabstracted data from the corresponding medical record. These studies also will use population-based samples to estimate the proportion of patients in each state who received the recommended standard of care. In addition, patterns of care for localized prostate and breast cancers and stage III colon cancer will be described according to patient and disease characteristics, comorbid conditions, and insurance coverage. For ovarian cancer, both outcome and staging will be assessed according to physician specialty. Data collection will be completed by September 2004, and preliminary results are expected by September 2005.

The CONCORD Study

The CONCORD study will measure and explore differences in cancer survival among cancer patients in Europe, Canada, and the United States. The study focuses on breast, prostate, and colorectal cancers. Population-based cancer registries in 17 NPCR-supported programs, 6 Canadian provinces, and 16 European countries are participating. The study will explore the extent to which international differences in cancer survival can be attributed to differences in tumor biology, disease definition, stage at diagnosis, treatment, health care systems, or to other factors. Results of Phase I of the CONCORD study are anticipated in late 2003.

New York State Cancer Registry—Feasibility Study of Cancer Survival

Most population-based cancer registries in the United States do not have the resources they need to conduct active follow-up of cancer cases. Therefore, the registries cannot provide much information about cancer survival. This study assesses whether the use of administrative databases to augment follow-up can provide the necessary data for conducting survival analyses. Costs for data linkages between registries and other databases also are being assessed. Results from this project will provide new information on the feasibility of using existing data sources to collect the follow-up data needed for basic survival analysis in a statewide cancer registry. This study also may help determine which method of case follow-up will be most cost-beneficial to state cancer registries. Results from this project are expected in spring 2003.

Strategies for Implementing Pathology Protocols—Reporting Colon and Rectum Cancers

The College of American Pathology developed and published Standardized Reporting Protocols in 1998 to help the surgical pathologist achieve completeness, accuracy and uniformity in collecting and reporting pathology-related tumor data. CDC has funded two state registries (California and Ohio) to work with selected pathology laboratories to evaluate the use of structured data entry for pathology reports that are submitted to cancer registries. This 3-year project is intended to encourage the standardization of content and electronic reporting

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of pathology data for colon and rectum cancers to cancer registries. It is expected to result in improvements in the completeness, timeliness, and quality of colorectal cancer data. Findings will be shared via professional conferences and peer-reviewed articles.

Data Linkage with the Indian Health Service

Previously documented racial misclassification of American Indians and Alaska Natives in cancer registry data affects cancer statistics and hampers program planning for cancer prevention and control efforts for these populations. The Indian Health Service (IHS) and CDC are conducting a 1-year data linkage project to help registries more accurately describe the burden of cancer among American Indians and Alaska Natives. Data from 25 state registries in the NPCR will be linked with data from the IHS patient registration records to improve the classification of American Indian/

Alaska Native race in the registries. Preliminary results are anticipated in late 2003.

Assessment of Completeness of Reporting Melanoma to Central Cancer Registries

This study will assess the completeness and accuracy of cutaneous melanoma reporting in two NPCR central cancer registries (to be selected through a competitive application process). Data collected for the study will be compared with those found in the state cancer registry to assess the completeness and quality of melanoma data and to identify sources of under-reporting, data inaccuracy, and errors in data coding. Recommendations from the study will address (1) methods to improve the quality and completeness of reports on melanoma, (2) guidance on using pathology laboratories and ambulatory center reporting to obtain timely reports, and (3) instruction on obtaining key data elements from physicians' offices and hospitals.